



**WARRINGTON**  
Borough Council

# Early Help & Prevention

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**Collaborating Together for Health & Wellbeing**

# Who Definition of Health

‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’

Constitution of the World Health Organisation, entered into force on 7th April 1948 and unchanged since.



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# The Building Blocks to Health

## Employment



## Housing



## Education and skills



## Childhood experiences



## Economic stability



## Healthcare



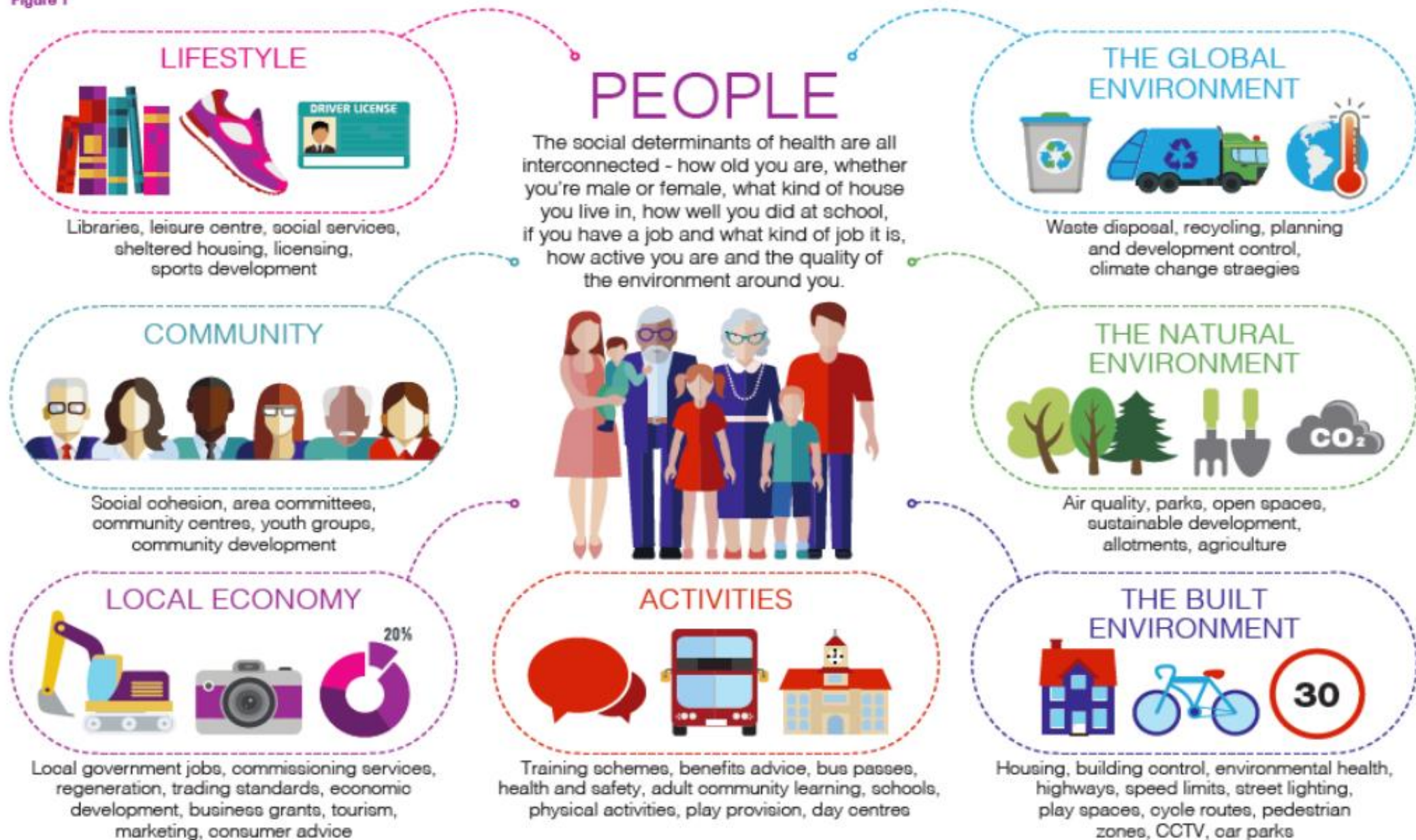
## Social and community



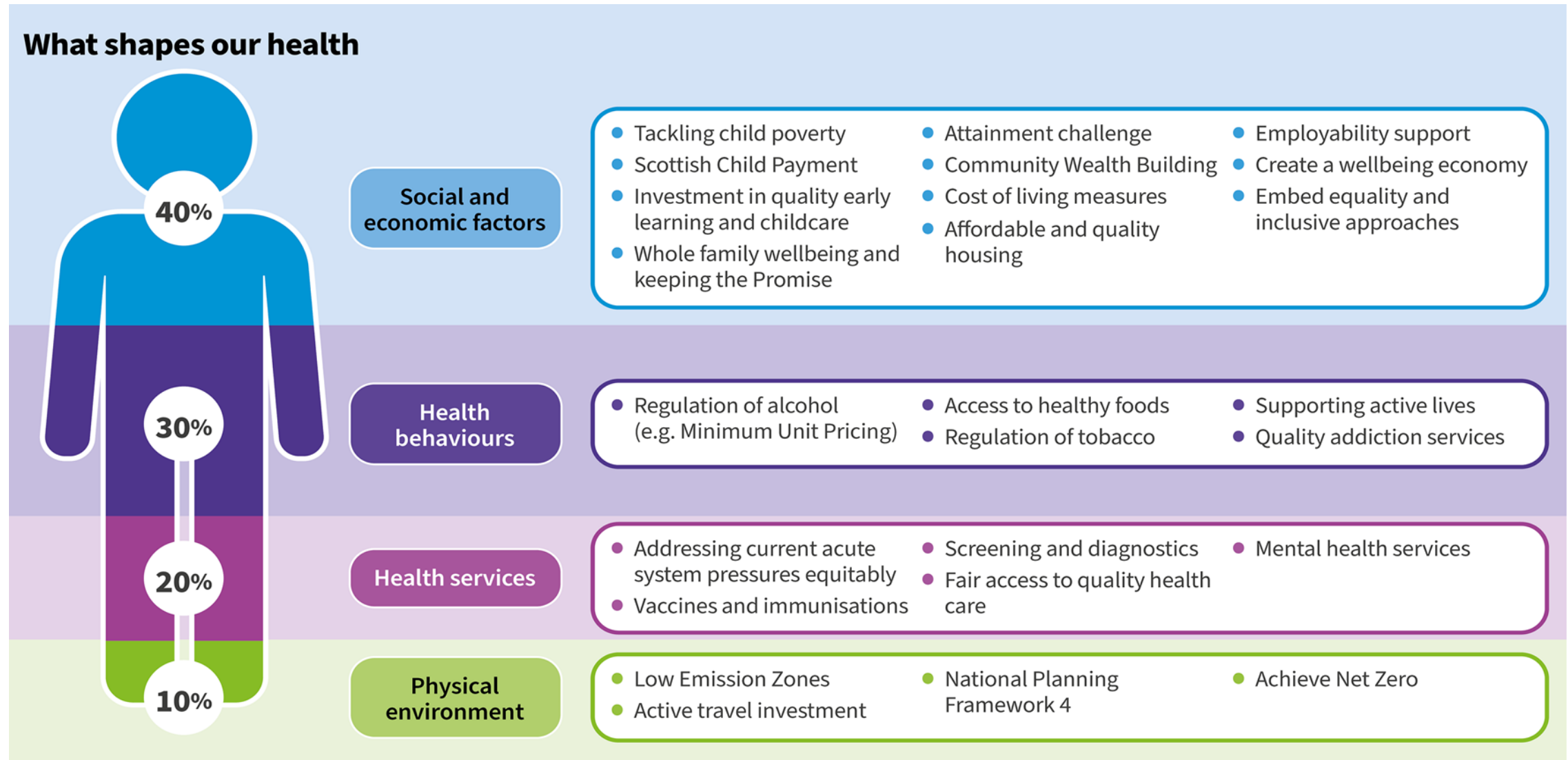
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Figure 1



# Estimates of the impact of the broader determinants of health





# Warrington System Approach to Public Health, Prevention and Early Detection

**A comprehensive, whole system approach to public health, prevention and early detection, consisting of a system-wide approach to health creation and delivery of a person-centred upstream social model of care**

**Shaping Warrington as a place conducive to good health by working together to address the root causes of ill health**

**Enabling people to live healthier lives by mobilising comprehensive approaches to tackling behavioural risk factors**

**Scaling up secondary prevention across all parts of the NHS to allow the early detection of risk and early diagnosis of illness**

**Supporting people to live well by optimising the treatment and management of health conditions**

**Leading to**

**Better Outcomes**

**Healthy Life expectancy and life expectancy**

**Inequalities and variation in health outcomes and experiences**

**Avoidable demand and cost**

**Increased economic & social productivity due to better health**

**Tackling inequalities and reducing unwarranted variation**

**Cheshire & Merseyside 'All Together Fairer'  
Living Well in Warrington Health and Wellbeing Strategy 2024-2028**

**Harnessing the following system characteristics**

**Person and community centred approaches**

**Strategic intelligence / PH Management**

**Whole system partnerships/ collaboration**

**Public Service Reform / Integration**

**A highly skilled and prevention focused workforce**

**Clinical Excellence and Leadership**

**Finance, contracting and accountability rebalanced towards prevention and early detection**

**Evidence, research, technology and innovation**

# Leading Cause of Death Adult Males in Warrington

## **Coronary Heart Disease Prevalence**

CHD is the leading cause of death in most male age groups, highlighting cardiovascular health risks.

## **Accidents in Younger Males**

Ages 35-49 show high mortality from accidents and injuries, indicating safety and mental health priorities.

## **Cancer in Middle Age**

Cancer becomes a leading cause of death in males aged 50 to 64, reflecting chronic disease trends.

## **Respiratory Diseases in Older Men**

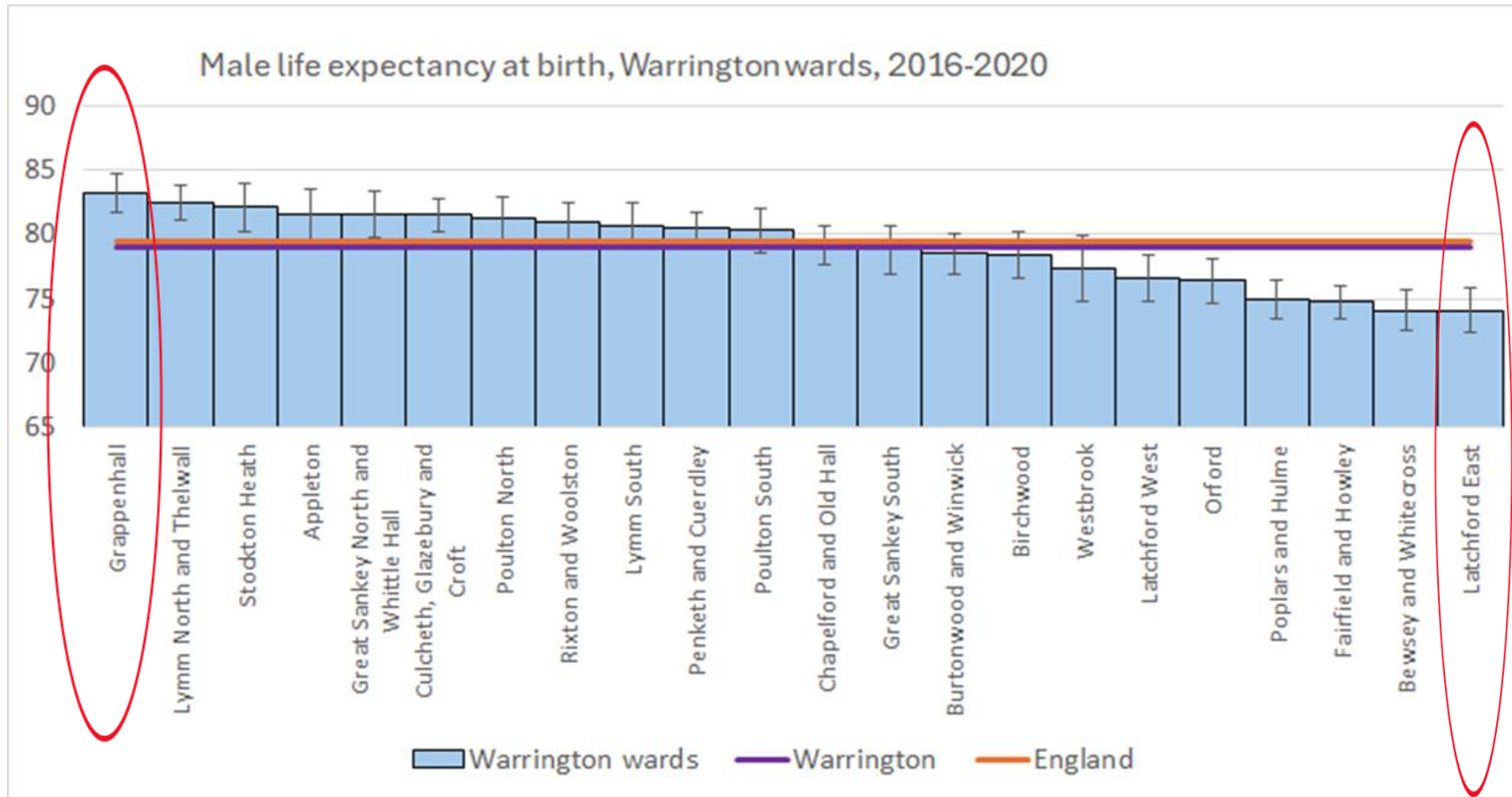
Chronic respiratory diseases rise in males aged 65 to 79, emphasizing smoking and respiratory health.

## **Neurodegenerative Diseases in Elderly**

Dementia and Alzheimer's lead mortality in males over 80, highlighting neurodegenerative health issues.



# Male Life Expectancy by Ward





# Leading Cause of Death Adult Females in Warrington

## Young Adults' Leading Causes

- For females aged 35-49, Covid-19 leads deaths, followed by accidental poisoning and liver diseases.

## Middle-Aged Cancer Impact

- Cancer is the main cause of death for females aged 50-64, emphasizing early detection importance.

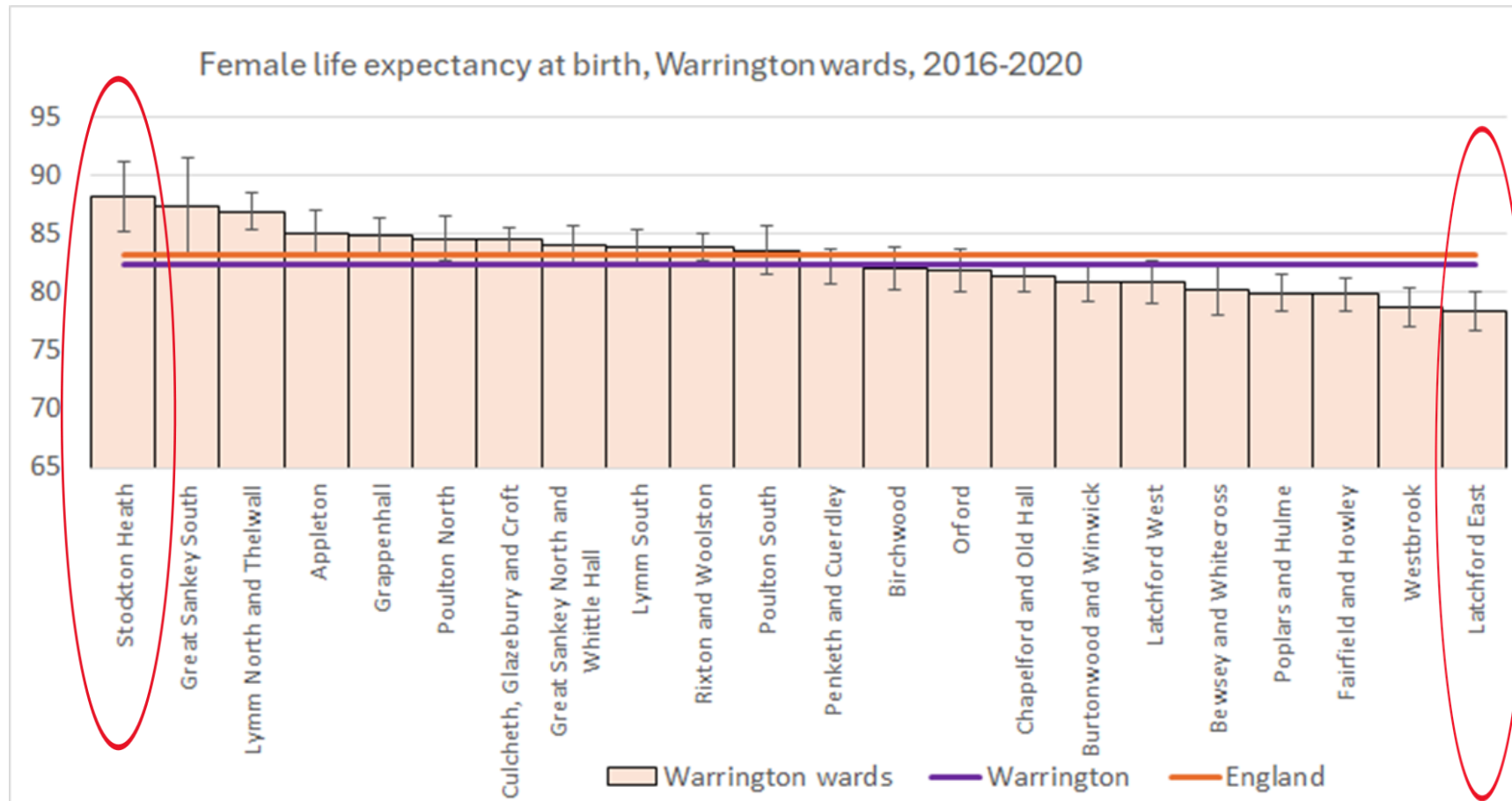
## Older Adult Vulnerabilities

- Females aged 65-79 share similar mortality causes with males, Covid-19 remains the leading cause.

## Elderly Cognitive Disorders

- Dementia and Alzheimer's are leading causes of death in women aged 80+, highlighting cognitive health needs.

# Female Life Expectancy by Ward



# Early Help and Prevention

## **Early Help vs. Prevention:**

- While both aim to avert crisis, prevention actively stops problems from arising (e.g., community programs fostering resilience).
- Whereas early help provides timely support once issues first emerge to prevent escalation (e.g., tailored support for families facing initial challenges) – both are vital for comprehensive community well-being.





# What is Prevention?

Prevention in public health is about keeping people healthy and avoiding the risk of poor health, illness, injury, and early death.

However, when people and organisations talk about prevention, they often use the same language to talk about different things.

This can be a barrier to investing in the full range of prevention needed to improve the health and wellbeing of the people of Warrington.

# Why Focus on Prevention?

- Reduce demand
- Increase healthy life expectancy
- Reduce cost/savings across public service
- Drive improvement
- Happier, healthier communities



# The Three Levels of Prevention

## Primary prevention

Invest in the building blocks of health to stop problems happening in the first place.

## Secondary prevention

Focusing on early detection of a problem to support early intervention and treatment or reducing the level of harm.

## Tertiary prevention

Minimising the negative consequences (harm) of a health issue through careful management.

High

Impact on population health

Low



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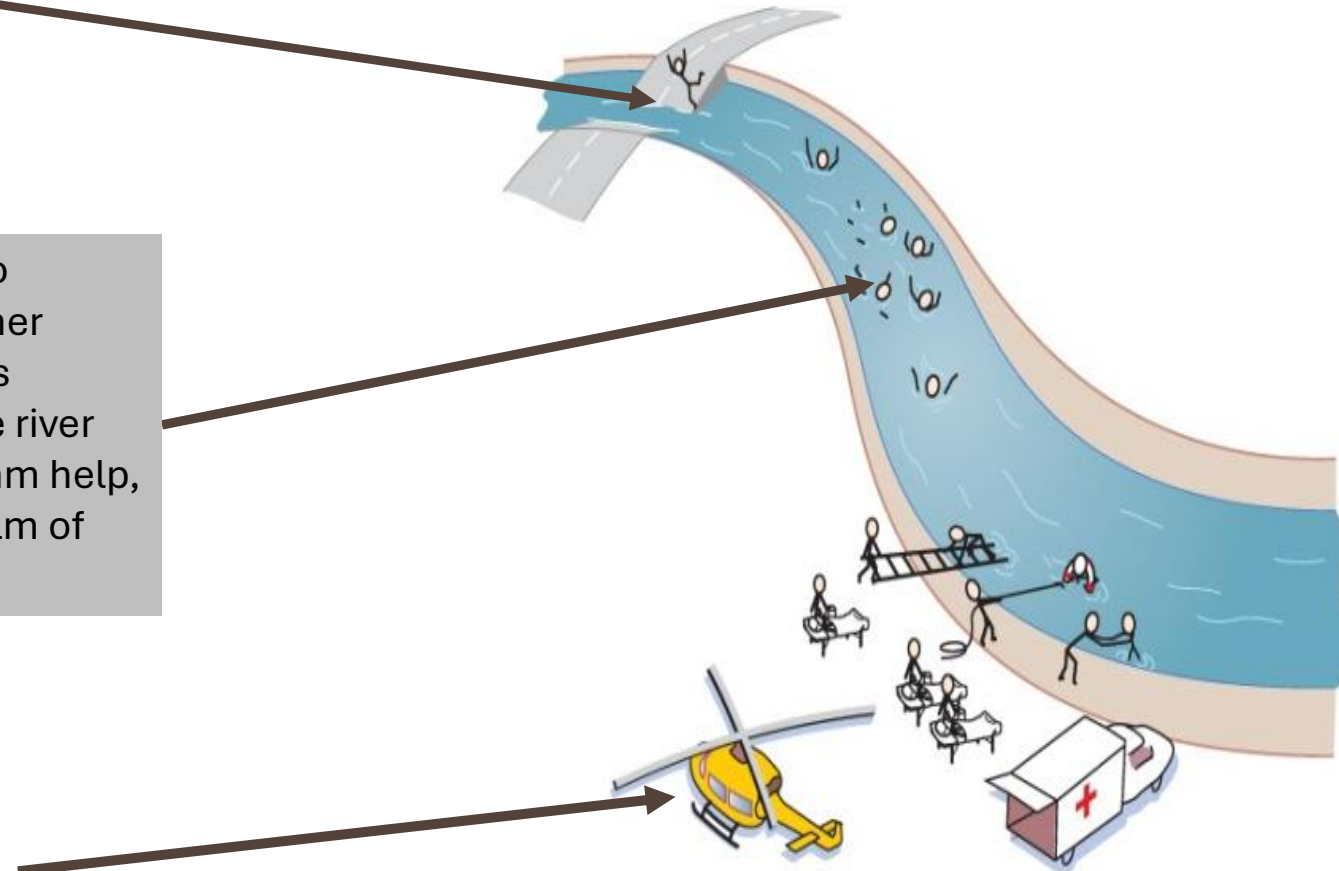
# Where Can We Act?

**Primary:** Repair and strengthen the bridge to stop people falling in in the first place! It doesn't mean no one will ever fall in the river, but it can go a long way to prevent a huge amount. **Cons:** can be a long and complex process and doesn't help the people already in the river.

**Secondary:** People have fallen in the river but are likely not too unwell/injured yet. An important protective factor against further harm. **Cons:** Unless the bridge is repaired, demand will always eventually outstrip availability – therefore leaving people in the river for too long. Different people will also need different mid-stream help, which can be hard and costly to plan for if there is an overwhelm of people in the river.

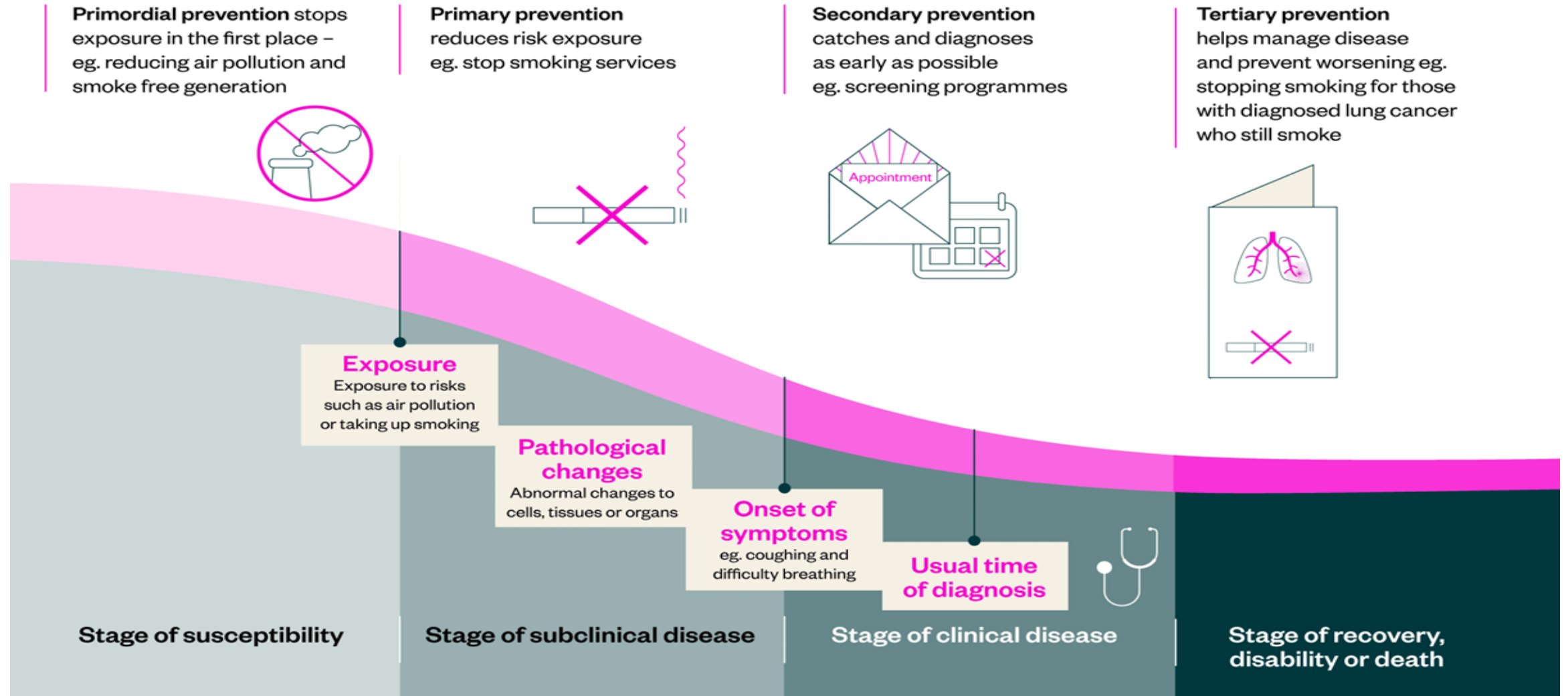
**Tertiary:** Specialist/emergency intervention for those in life-threatening conditions. Condition is often dire by this stage, and complex specialist services are essential. **Cons:** The most expensive and least sustainable! And, like midstream, if major infrastructure (the bridge) is broken, demand for the services will always eventually outstrip availability.

(a) An illustration of the 'downstream' approach of healthcare services in rescuing people who have fallen into the river, instead of moving 'upstream' to find out why people have fallen in



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# This diagram gives examples of different types of prevention for lung disease



# Levels of Prevention and Roles

Level of prevention and roles	NHS: primary care	NHS: secondary care	Local government	Wider government	VCSE sector
<b>Primordial prevention: preventing the emergence of risk factors for disease</b>	Social prescribing - eg. supporting people to access employment and housing support or debt counselling.	Working with local partners to improve air quality.	Rollout of congestion charges and low emission zones to reduce air pollution	Banning the sale of tobacco products Phase out ultra-processed food consumption Housing regulation	Community groups tackling loneliness
<b>Primary prevention: prevent disease before it occurs</b>	Vaccinations 'Making Every Contact Count' – conversations about health promotion	Making Every Contact Count	Smoking cessation programmes Weight management programmes Commissioning health visiting for new parents and babies	Measures to encourage healthier food consumption and tackle obesity	Provision of mental health training programmes Promoting health awareness through campaigns
<b>Secondary prevention: detecting and intervening early in progression of health problems</b>	Cancer screening Identification of people with high blood pressure or cholesterol	Tests for other diseases while receiving treatment within secondary care	Commissioning health visiting services for new parents and babies (primary or secondary) Promoting health checks	Mandating the NHS rollout of targeted screening for at-risk groups (eg, lung cancer screening for smokers and ex-smokers)	Offering information on how to prevent disease complications Provision of tests at community centres and faith-based venues
<b>Tertiary prevention: managing and reducing the impact of existing health problems</b>	Ongoing role in management of long-term conditions	Enabling people with diabetes to manage their condition independently and make lifestyle change Provision of physiotherapy and occupational therapy and rehabilitation following a stroke	Supporting community-based recovery programmes	Funding for specialised services and rehabilitation programmes for people with chronic conditions	Provision of long-term rehabilitation support and peer groups for stroke survivors Education programmes on long-term diabetes management



# Summary



## Early Help Focus

Early Help emphasises social care and wellbeing support before crises occur to prevent escalation.



## Three Prevention Levels

Primary, secondary and tertiary prevention work together to avoid, detect, and manage health issues effectively.



## VCFSE Sector Role

The VCFSE sector provides diverse services bridging Early Help and prevention to promote holistic health.

# Closing Message



## **Community-led Health Initiatives**

Community-led approaches empower local populations to build healthier futures through prevention and early help.

## **VCFSE Sector Contributions**

The VCFSE sector offers flexible and innovative support tailored to diverse population needs.

## **Cross-sector Collaboration**

Working together across sectors fosters a more equitable and effective health and care system.

## **Celebrating Achievements**

Recognising the sector's success encourages ongoing commitment to wellbeing and collaboration.